

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**2.2.5 Administrative, Technical, and Physical Safeguards**

**(a) Policy**

California Correctional Health Care Services (CCHCS) shall take reasonable steps to safeguard Personally Identifiable Information (PII) and Protected Health Information (PHI) from intentional or unintentional access, use, or disclosure that violates federal and state privacy laws and associated privacy policies. CCHCS adopts the criteria set forth below to reasonably safeguard PII and PHI. CCHCS programs shall supplement these procedures as necessary to reasonably safeguard PII and PHI in their respective areas. Information to be safeguarded may be in any medium including, but not limited to, paper, verbal, visual, and electronic representations of PII and PHI.

**(b) Purpose**

To establish criteria for safeguarding PII and PHI to minimize the risk of unauthorized access, use, or disclosure.

**(c) Responsibility**

The Privacy Officer shall have oversight of this policy including privacy laws, policies, and standards for respecting the rights of individuals concerning the collection, use, and disclosure of personal information maintained by CCHCS.

**(d) Appropriate Safeguards**

- (1) All CCHCS workforce with assigned job duties requiring the access, use, or disclosure of PHI shall, to the extent possible, apply appropriate administrative, technical, and physical safeguards for the protection and confidentiality of PHI.
- (2) Each program shall have appropriate information technology and information security controls to safeguard PHI and PII, including administrative, technical, and physical controls pursuant to the Statewide Information Management Manual Chapter 5300.

**(e) Additional Safeguarding Procedures – Paper Practices**

- (1) Each CCHCS program shall ensure all paper files including those documents awaiting disposal or destruction in locked desk-site containers, storage rooms, centralized waste and shred bins or other storage devices (e.g., cardboard boxes) are appropriately labeled, disposed of regularly, and all reasonable measures are taken to minimize access.
- (2) Each CCHCS program shall ensure that shredding of files and documents is performed on a timely basis consistent with record retention requirements.

**(f) Additional Safeguarding Procedures - Verbal Practices**

- (1) CCHCS workforce members shall take reasonable steps to protect the privacy of all verbal exchanges or discussions of PII and PHI regardless of where the discussion occurs.
  - (A) CCHCS workforce members shall provide only the minimally necessary verbal information in order to fulfill their job functions.
- (2) Each CCHCS program shall use enclosed offices or interview rooms to verbally exchange PII and PHI where available.
  - (A) Exception: In work environments structured with few offices or closed rooms such as facilities with open office environments, uses or disclosures that are incidental to an otherwise permitted use or disclosure could occur. Such incidental usage or disclosure is not considered a privacy violation if CCHCS workforce has met the reasonable safeguards and minimum necessary requirements.
  - (B) Each CCHCS program shall foster workforce awareness of the potential for inadvertent verbal disclosure of PII and PHI.

**(g) Additional Safeguarding Procedures - Visual Practices**

- (1) CCHCS workforce members shall ensure observable PII and PHI are adequately shielded from unauthorized disclosure.
- (2) CCHCS programs and workforce members shall make every effort to ensure that patient or staff PII and PHI in any visual medium such as photos, videos, images, or documents displayed on computer screens is not visible to unauthorized persons.
- (3) CCHCS workforce members shall be aware of the risks of creating paper documents and how they are used, handled, shared, stored, and destroyed. CCHCS workforce members shall take all necessary precautions to safeguard PII and PHI.

**(h) Additional Safeguarding Procedures - Electronic Practices**

- (1) Formats of PII and PHI (e.g., databases, email, phone, fax) shall be protected through IT-related controls.
- (2) CCHCS workforce members shall be assigned to electronic group(s) that provides access only to the minimum necessary information to fulfill their job functions.

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(3) CCHCS programs shall conduct internal reviews periodically to evaluate the effectiveness of safeguards.

**(i) Training Requirements and Contact Information**

(1) All CCHCS workforce members are required to attend new employee orientation and complete an employee acknowledgment agreement to follow federal and state privacy laws and CCHCS Policies and Procedures. CCHCS workforce members shall also complete the required annual training, pursuant to the Health Care Department Operations Manual, Section 5.9.1, General Training Requirements, which includes satisfactory completion of the Privacy Awareness Training located on the CCHCS Learning Management System.

(A) Privacy training shall be provided to each new CCHCS workforce member prior to accessing health information.

(B) Privacy training materials shall be provided within a reasonable period of time after a material change in the policies and procedures (i.e., changes in business practices, legislative or regulatory changes) becomes effective.

(2) For questions or clarification, please contact: [Privacy@cdcr.ca.gov](mailto:Privacy@cdcr.ca.gov) or 1-877-974-4722.

**References**

- Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 164, Subpart E, Section 164.530(c)
- Department Operations Manual, Chapter 4, Information Technology, Article 1 through 66
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.4, Minimum Necessary Use and Disclosure of Protected Health Information
- Health Care Department Operations Manual, Chapter 5, Article 3, Information Technology
- Health Care Department Operations Manual, Chapter 5, Article 9, Section 5.9.1, General Training Requirements
- State Administrative Manual, Chapter 5300, Information Technology-Office of Information Security
- Statewide Health Information Policy Manual, Section 3.1.0, Administrative Safeguards
- Statewide Health Information Policy Manual, Section 3.2.0, Physical Safeguards
- Statewide Health Information Policy Manual, Section 3.3.0, Technical Safeguards
- Statewide Health Information Policy Manual, Section 4.1.1, Policies and Procedures
- Statewide Information Management Manual, SIMM 5305-A, Information Security Program Management Standard
- Statewide Information Management Manual, SIMM 5300-B, Information Security Program Management Standard

**Revision History**

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